

Houston Area Coop on the Gifted and Talented

Part 1: To be completed by the local district coop representative:

This agreement is entered into on _____ by _____ and the Houston Area Coop on the Gifted and Talented. Date Print or type name of consultant

Workshop Details – PRINT OR TYPE

Consultant Contact Information – PRINT OR TYPE

1. Name of Workshop:	1. Name of Consultant or Organization to be paid:
2. Location of Workshop (s)	2. Mailing Address:
3. Date(s) of Workshop(s)	
4. Local Coop Representative:	
5. Honorarium of Consultant:	3. Phone Number:

The District Coop Representative shall sign 2 originals of this form and send both to Alene Lindley, Katy ISD, 6301 S. Stadium Lane, Katy, Texas 77494.

Local Coop Representative Signature

Date

Part 2: Terms

Travel and per diem expenses will be calculated as indicated on the expense Reporting Form. Expenses will be reimbursed upon conclusion of the workshop and upon filing of the Expense Reporting Form.

It is agreed that the Coop is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any performance of the services described.

This agreement constitutes the initial understanding of the parties hereto and may not be change except by a written communication signed by the parties for this agreement.

It is agreed that the consultant will not sell or distribute commercial materials of any of the consultant's products for profit during the workshop.

Part 3: Consultant Signature (Katy ISD, as the Coop's financial unit, will send the document to the consultant for signature.) To the consultant: Please sign and return ONE signed original with the additional requested documentation to Alene Lindley, Katy ISD, 6301 S. Stadium Lane, Katy, Texas 77494.

☐ I give permission to the Houston Area Coop to share presentation handouts with the HACoop Coordinating Board Members. (Please check box if giving permission.)

I agree to provide the workshop(s) under the terms stated above.

Houston Area Coop Representative

Consultant Signature

Katy ISD Representative Signature

SSN or Federal ID Number



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